



## SUPERINTENDENT'S MESSAGE

### Special points of interest:

- Mission/Vision
- Challenges
- Treatment Teams
- Staff Development
- Business Office & Canteen

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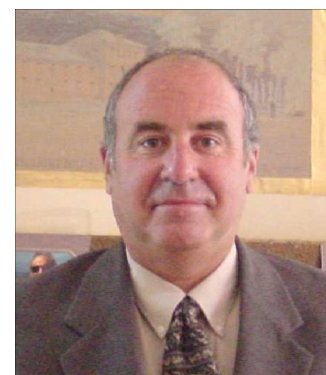
In this article you will see that we have been in the midst of a lot of changes over the last 6 months. We are in the final stages of the Transformation Plan that was outlined in July 2010. We have been reorganizing patient living units, accepting transfers from Logansport State Hospital (43 as of this date), downsizing the Substance Abuse Program, discharging the MR/IDD patients into community settings, and downsizing the patient population and staff as well. As I outlined last fall, the overall plan is for Richmond to reduce from 312 beds as of last year to 211 beds when the transition plan is complete. As I write this the census is 218 so we are well on the way toward that number. Our staff reduction has been accomplished without layoffs primarily through attritional efforts. The Substance Abuse program admitted the last patient at the end of March, and we have determined that by May 20<sup>th</sup> we will officially close the program. The contract with the community provider will be in place by then, and agencies will know who to contact for Substance Treatment. We will still be

providing treatment for those individuals with a co-occurring diagnosis of substance abuse and psychiatric disorder.

The layout of the campus will continue to change. We will also be updating our campus maps and signs to reflect the relocation of the patient populations once completed.

Throughout these changes the staff has been tremendous and has shown their true commitment to the hospital throughout all of the organizational movements. I would anticipate that at this time next year things will be less stressful once all the dust settles from the movements and the population changes.

As I was writing this I began to reflect about all the changes. Over ten years ago we embarked on a plan to reduce seclusion and restraint, which as many of you know was part of a national and certainly state wide campaign. As many could imagine there was significant concern raised as to what impact this would have on our system. Many



Jeff Butler  
Superintendent  
Richmond State Hospital

thought it really couldn't be accomplished. Although we haven't completely eliminated the use, the reduction over the 10 year period has been significant. What was hours in restraint is now reduced to often just minutes. The last few months have seen us reach all time record lows for the number of episodes! What that tells me is that with a strong commitment, proper training, and the partnership with our patients and families, anything is possible!

*Jeff Butler*  
Superintendent



Richmond State Hospital:  
A Place Where Our Family



**Richmond State Hospital is operated by the State of Indiana and is under the Division of Mental Health and Addiction.**



***Those that bring sunshine into the lives of others cannot keep it from themselves.***

**James Barrie**

## TOURS

Even with all the changes at the hospital, we are still excited to provide tours for our outside community. Our group tours are tailored to meet the needs and interests of our tourists. Over 3500 people have toured the grounds of RSH in the past eight years. Several Indiana and Ohio colleges and high schools tour every year.

Due to the changes in our population, we are currently revamping our substance abuse prevention program called Too Smart to Start. We have formed a process improvement group working on the development of our tours. Our ultimate goal is to still provide a portion of our substance abuse prevention program combined with our psychiatric tour of our facil-

ity. Debbie Lanman will be our contact person for any of our presentations. She can be reached at 765-935-9202.



Individual tours are difficult for us to conduct due to the amount of time it takes to conduct a tour. We are currently working on a virtual tour of primarily our main patient care areas. The virtual tour would be available to be viewed on our internet. Our hope is to have the virtual tour available by the end of the year.

In an effort to respect the privacy of our patients, a confidentiality form to signed prior to a tour. Tourists are asked not to bring cameras or to take pictures with cell phones.

## MISSION/VISION

### MISSION

**To provide individualized, quality holistic healthcare with respect, dignity, and caring.**

### OUR VALUES

**We believe in all individuals' capacity for:**

### RECOVERY

- \* Recovery
- \* Strength
- \* Hope

**We have accepted the challenge to:**

- \* Partner with consumers, families, providers, and communities for recovery.
- \* Provide a healing, safe, recovery oriented environment.
- \* Promote innovation and utilize evidence based practices for recovery.
- \* Promote trauma informed care

## COMMUNITY TIES

Copies of Community Ties are sent to family members of our patients, volunteers, retired employees, and community mental health centers. If you would like to receive your copy of Community Ties at your email address, please let us know by emailing Tara.Jamsion@fssa.in.gov. You may also call me at 765-935-9217. As of this printing, Mary Johnson, the assistant in the Community Relations Department is still off on medical leave. We all wish Mary the best in her recovery. Special thanks to Donna Crist for filling in with this publication.

## ONGOING CHALLENGES PROVIDE OPPORTUNITIES

By Luanne Handysaylor , LCSW, LMFT

Social Workers play an essential role here at Richmond State Hospital (RSH). We each function as an integral part of interdisciplinary teams. Our duties include and are not limited to admission evaluation, diagnosis, treatment planning, direct treatment, psychoeducation, family work, advocacy work, case management, and discharge planning. The National Association of Social Work (NASW) Standards for Social Work Practice in Health Care Settings states that, "The basic values of social work, from promoting an individual's right to self determination to having an attitude of empathy for the individual, are the foundation of social work practice."

Ashley (Abner) Steffee, Amy Banta, Sheila Buckler, Rick Cottman, Virginia Davis, Kathy Elliott, Donna McFarland, Tom Tash, Sandy Vanderbeck, and Angela Youkon each play an essential role here at Richmond State Hospital.

Richmond State Hospital is in the midst of transi-

tion and how we do business is changing. As for Social Workers, it is my vision to see us having the opportunity to work more collaboratively with our patients and other disciplines. My hope is for us to help our patients learn about their treatment, reach goals and build support and understanding.

With the newly Integrated Dual Diagnosis Treatment (IDDT) programming, we are now going to be focusing on the whole person. This also means we will be working collaboratively with our patients as well as other disciplines. Simple symptom remission is not good enough. We need to help our patients to better prepare to cope with life's challenges, build resilience, and to not *just* manage symptoms. Patients must work to understand their symptoms.

Our discipline will provide the following groups utilizing the Treatment Mall Concept:

- \* Partnering With Your Treatment Team
- \* Understanding Your Illness

- \* Understanding Your Treatment
- \* Achieving Your Life Goals
- \* Managing Stress and Problems
- \* Legal Issues

The focus of Social Work is the complicated transactions between the individual and his or her environment. Typically, if asked how they begin to work with a patient and come up with an assessment and plan for discharge, the Social Worker will probably respond, "to begin with where the person is."

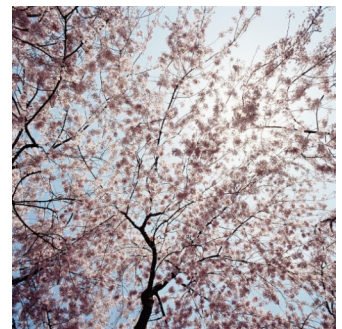
This year one goal for our Social Work department is to have more family involvement in client treatments. Orienting the families to our hospital, educating the family, and informing them about each and every step in the treatment process are best practice. We are looking forward to the positive changes which will strengthen and encourage patients' recovery from a multifaceted perspective. With change brings new opportunities and renewed hope!



**Luanne Handysaylor**  
**Professional Practice**  
**Director**

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***"Social Workers are busy making arrangement to accommodate our new patients, make them feel welcome, and make the transition as smooth as possible."***




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***Carry out a random act of kindness with no expectation of reward, safe in the knowledge that one day someone might do the same for you.***

***~Princess Diana***

## HOSPITALITY HOUSES



**"I can't do it" never accomplished anything. "I will try" has wrought wonders.**

**~ George P. Burnham**

Richmond State Hospital provides hospitality houses for relatives of patients traveling from a distance to visit their loved ones. These houses are available at no cost to families of patients. All houses are completely furnished, including an operative kitchen and laundry in several houses.

If you would like to

reserve a hospitality house, please call Donna Crist, Administrative Assistant to the Superintendent, at 765-935-9201. She will get you scheduled for a stay at a hospitality house while you are here to visit with your loved ones. The houses are scheduled on a first come, first serve basis. So call as soon as you know you will be needing to stay.



***Many families, who drive from distances to visit their loved ones, enjoy staying at one of our Hospitality Houses.***

## NEW WATER MAINS

**By David Shelford**



Anyone driving onto our campus lately would immediately notice the long stretches of mounded soil. This is part of a project to provide an additional connection to the local water utility, remove the water tower, and install back up water

storage in the steam plant. The new main runs from the water tower and then west along Grove Road and ties into existing mains at various different points. Old mains will be disconnected from our system due to their age and lack

of use from building demolition over the past 20 years or so. Look for the water tower to be removed, road cuts to be repaired, and the mounds of soil to be smoothed out and seeded later this spring.

## RICHMOND STATE HOSPITAL WEBSITE

**[www.Richmondstatehospital.org](http://www.Richmondstatehospital.org)**



Information about our website may be found on the Internet. We try to have up to date information about various aspects of the hospital.

We have an E-local link video at our website. It goes from the past to the present and the future in less than two minutes and provides families

with a look of our campus, and hopefully, inspires hope for recovery that many have found at our facility.



## PROTECTION & ADVOCACY

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act was signed in May of 1986 by President Ronald Reagan. In September 1986, Governor Robert Orr signed Assurances that the State of Indiana would provide protection and advocacy services to citizens experiencing mental illness. Indiana Protection and Advocacy Services was designated as the agency to provide these services and is a

congressionally mandated, legally based disability rights agency. IPAS has the authority to provide legal representation and other advocacy services, under all federal and state laws to people with disabilities based on a system of priorities. To defend the human, legal and civil rights of people with disabilities, Congress established Protection and Advocacy systems in each state. The Advocacy Specialist representa-

tive for our area attends our monthly Human Rights Committee Meetings. The new representative is now Tina Frayer.

Protection and Advocacy may be contacted at 1-800-622-4845, ext. 236. Protection & Advocacy may also be contacted by calling 1-800-838-1131 or voice mail number at 1-800-622-4845, or by mail at Indiana Protection and Advocacy Services, 850 North Meridian, Suite 2-C, Indianapolis, IN 46204.



## DONATIONS NEEDED

Items currently needed for patients activities, crafts, etc., are golf balls, Legos, shoe boxes, board games, costume jewelry, bikes, travel size toiletries, denim materials, jewelry beads, ping pong balls, and key rings. These items may be marked for Community Relations and taken to the Switchboard located in the AIT (417) building.

## TREATMENT TEAMS

Each patient's treatment is reviewed in an inter-disciplinary team meeting at least every 90 days. Families of patients are encouraged to be involved in the treatment team meetings for the best interest of the patients.

worker, psychologist, nurse, activity therapist, and, in some cases, substance abuse counselors. Letters from treatment teams should be sent every time a master treatment plan or review is being done.

The treatment team is composed of a coordinator, physician, social

Conference phones are available for family participation in the

meetings. Whenever you are calling our toll free number, please allow us to call you back immediately on our hospital line. This helps keep the cost of our toll free number down.

If you want to contact a staff member at Richmond State Hospital, our toll free number is 1-800-986-6691.



**"Individuals score points, but teams win games."**

## Medical Services



**Dr. Donald Graber,  
Medical Director**



I want to express my gratitude for the opportunity to work with the administration, staff, and patients at Richmond State Hospital. If I had known two years ago, however, what we would be going through, I would have been surprised with all the changes. We've implemented a computerized physician order entry system (no more illegible prescriptions) and computerized assessments and treatment plans. In downsizing from 311 to 211 beds we've closed an adolescent program (now provided in Indianapolis), moved most of our mentally handicapped developmentally disabled population into less restrictive community placements, and discontinued admission of sub-

stance abuse patients without concurrent mental illness.

Several accomplishments worth high-lighting include a successful Joint Commission Survey resulting in full accreditation for 3 years, and successful lab, pharmacy, and food service surveys. Remarkably, we have not had to lay off employees and were none the less able to meet the necessary reduction in staff through attrition.

In the future, we look forward to continuing to provide excellent care to persons with severe mental illness and those with mental illness and substance abuse or dependence. With fewer admissions there will be even more opportunity to be focused on patient centered recovery and rehabilitation. An integrated, multi-discipline, collabora-

tive approach will hopefully provide quality, safety, value, and increasingly reliable evidence-based treatment. We'll seek to partner with patients and family as well as community agencies as part of a continuum of care in the recovery journey. Lengths of stay should decrease, transitions should improve, relapses and readmissions diminish, and as the largest state psychiatric facility, we have the challenge to set the standard for public psychiatric care in Indiana.

I think we're positioned to meet the challenge. It will take continued flexibility, creativity, and most of all teamwork.

## FRIEND-TO-FRIEND PROGRAM

Community Relations staff would like to thank everyone who has been participating in the Friend-to-Friend program. There are several patients waiting to participate in this program, which is ideal for organizations, Sunday school classes, clubs, or individuals.

Patients who are in the program are thrilled to receive letters, cards, phone calls, visits and gifts from their "friends". The experiences found depends on your friend's needs and your own interests, time and capabilities. Communicating on a regular basis is beneficial to your friend.

When a "friend" is assigned, your friend is informed about the program and expecting to have contact with you. With shorter discharge rates than in the past, your "friend" may be leaving the hospital. Some participants choose to have a new friend and others wish to continue to be a "friend" to the same patient at a new location.

We are always glad to discuss the Friend-to-Friend program. For more information contact Community Relations, 765-935-9217.



"A friend is a person who know what you are saying, even if you're not talking."  
~ Sarah Bennett

## VISITOR'S INFORMATION

by Jay Wenning

Richmond State Hospital encourages visits because they help patients remain in contact with family and friends during a difficult time.

- \* Hospital visiting hours are from 9:00 am to 8:00 pm daily.
- \* Family members and friends are encouraged but not required to schedule their visit ahead of time to avoid potential conflicts with pre-scheduled doctor appointments.
- \* Visitors under 18 years old must be accompanied by a family member over the age of 21, and visitors under 15 years old are not allowed on the units.
- \* All visitors must check-in at either the 417 building lobby or at the front entrance of the CTC building. Every member of the visiting party will be asked to sign the "Visitor's Sign-In Sheet" and will receive a Visitor's Pass.
- \* Even though visitors under 15 years old cannot visit the unit, they still must check-in as a visitor. We ask that all visitors check-out after their visit to help the hospital have an accurate accounting of who is visiting the hospital in the event of an emergency.



**Jay Wenning**  
**Health Information**  
**Director**

If you have any questions about visits, please contact the unit social worker.

## GENEALOGY

By Jay Wenning

Genealogy, the tracing of one's family history, is popular hobby for many individuals today. In a typical year, Richmond State Hospital (RSH) receives dozens of requests for medical records from the descendants of past patients. Unlike many other historical records available to the public, RSH medical records are confidential and not subject to the state of Indiana's 75 year Public Records law.

Unfortunately we do not have the original medical of every patient treated at Richmond State Hospital. Records keeping laws and practices have changed over the years since

RSH opened in 1890. Today's retention policies require the hospital to store the complete medical record of patients for 10 years after their discharge. After the required 10 year retention period, a 5% sample of records is sent to State Archives and the rest of the medical records are reduced to the summary documents of the hospitalization. The excess medical information is confidentially shredded. The hospital has reduced medical records of patients discharged between 1979 and 1999. The medical records of all patients discharged before 1979 were destroyed (except for a 5% sample sent to State Archives).

However, the hospital does have basic admission and discharge information from the register books for patients discharged between 1890 and 1979.

Individuals requesting copies of RSH medical records for genealogy purposes may contact the Health Information Services (HIS) department at phone number 765-935-9234 or fax number 765-935-9509. You will be asked to complete an "Authorization for Release of Information" form, provide a copy of a state issued photo ID, provide proof of a familial relationship, and provide a copy of a death certificate.

## HUMAN RESOURCES



My name is April Craig and I am the new Human Resources Director here at Richmond

State Hospital. I have been in this role since the end of January 2011. Prior to joining Richmond State Hospital, I served the Indiana Department of Child Services for 6 years in a Human

Resources capacity. I covered 30 counties in Indiana.

Joining the Richmond State Hospital team has allowed me to expand my knowledge of State government agencies, policies, procedures, and service. I have gathered a plethora of new knowledge and continue to learn new things each day.

So far, what I have found most appealing about Richmond State

Hospital is the caring and commitment of the employees to the patients, our customers. The hospital staff has welcomed me into this new role with open arms and warmth. They care about each other and are focused on providing the highest quality of care for our customers. I am proud to be a part of such a dynamic team.

## STAFF DEVELOPMENT

By Diane Mustard

We're very excited here in Staff Development because we've recently moved to our new building. We have been able to move all of our training from the CTC building to Staff Development, a centrally located building, which allows us to offer the majority of our training at one site. We held an open house in November to show off our new location.

Our staff includes:

- \*Carmie Kitchin, RN Educator
- \*Julia Leavell, LPN educator
- \*Ron Richmond, Master Trainer for Crisis Intervention and Communication
- \*Mary Chaney, CPR/AED instructor
- \*Diane Mustard, Secretary
- \*Mike Morrow, Director of Staff Development

Staff Development is responsible for the training of all hospital employees on all shifts. We provide resources, in-services, training and continuing education to enhance the staff's knowledge, skills, and

abilities to assist staff in providing quality care to patients. Some specific training we provide:

- \* 12 week Psychiatric Attendant training class
- \* Qualified Medication Aide Course and annual recertification
- \* RN/LPN Orientation
- \* Adult One Man CPR/ Professional Rescuer CPR/ Automated Electronic Defibrillator/First Aid Courses offered to all staff to provide life saving skills
- \* Bridge Building Techniques Program provides verbal and crisis intervention through principles of Mental Health Nursing and non-offensive, least restrictive means

We coordinate continuing education programs through guest speakers, distance learning services and internal professional

presentations.

One of our current projects is the approval and monitoring of Process Improvement groups for the entire hospital.

Referrals for additional training of staff are sent to Staff Development and can include such topics as time management, sensitivity training and improving communication skills.

Our instructors have been focusing on the importance of verbal role play during our crisis intervention training. We have recently created videos of scenarios featuring our staff members exhibiting effective and ineffective ways of crisis intervention. We strongly support all efforts in the reduction of seclusion and restraint.

Our hours of operation in Staff Development are 7:30 a.m. to 3:30 p.m. Monday through Friday.



# INFECTION PREVENTION AND CONTROL

By Cindy Wasson RN, IP



This will be my last submission to the Community Ties newsletter. As part of the RSH transition plan I will be assuming new duties. The new Infection Preventionist for the hospital will be Melissa Gallher, RN. Melissa also serves as the Employee Health nurse.

Infection Prevention and Control measures now include increased surveillance for infection risks in all patient living areas as well as those areas that provide services to patients. For example,

surveillance for infection risks now takes place in all food service areas, activity rooms that contain kitchens, and canteen areas. As always, individual infections are investigated to determine any possible breaks in hygiene or sanitation. Education for consumers and employees continues to emphasize each person's role in the prevention of disease transmission.

We have seen a number of upper respiratory infections,

from common colds to sinusitis among consumers and employees. The same infections are prevalent in the community. Good hand hygiene and cough etiquette are everyone's best defense, along with a balanced diet and plenty of rest.

Infection Prevention and Control will be working closely with Staff Development during 2011 to provide education and training about disease transmission, infection control measures, and to verify employee com-

petencies for various procedures and pieces of equipment. Consumers will continue to receive education through Active Treatment classes.

Infection Prevention and Control is an essential program at Richmond State Hospital. I am pleased that I will continue to have some involvement as Melissa's supervisor. Look forward to hearing more about the transition from her perspective in the Fall newsletter.

## BUSINESS OFFICE & CANTEEN

If you are interested in providing funds for your loved one while they are residing at Richmond State Hospital, please write a check or money order which can be deposited at our business office. These funds may be sent directly to the business office for your family members or give funds to their social worker. The cashier window hours have been reduced due to a reduction in our Business Office Staff and in the number of patients to serve. The cashier window is now closed on Monday but is open on Tuesday and Thursday in the RTC lobby from 11 a.m. to 12:30 p.m. and on Wed. & Friday at the Business Office Building from 10 a.m. to 12:30 p.m. These are the hours

the cashier window is open for patients to withdraw funds from their account. Please remember though that anyone may deposit money to a patient's account at the Business Office during their open hours, Monday - Friday from 8 a.m. to 4:30 p.m. Money may also be left for deposit 24 hours a day, 7 days a week at the switchboard in building 417.

There is a snack area in the AIT and RTC buildings where patients may spend their money. There is also a large canteen area where patients may shop for snacks, gifts, personal hygiene items, postage stamps, phone cards, etc. This canteen in the basement of the Auditorium also recently re-

duced its hours due to a reduction in staff and in the number of patients to serve. The canteen, including the thrift store and recreation area, is now open from noon to 4 p.m. on Monday through Friday and 9 a.m. to 4 p.m. on Saturday. Some patients may go to stores and restaurants in the community with the activity staff.

Checks, money orders, and postal money orders are held for 10 business days.

Please do not send cash in the mail or give family members a large amount of cash. This is for their own protection against theft.



## Focus on Caring

**Judy Malone Cole, Ph.D., R.N., Clinical Director**

The weeping cherry tree outside my office window is in full bloom. It's been here, obviously many years and has seen much change and it continues to bloom, right on schedule, doing what it does so beautifully without a hint of winter's grayness. Richmond State Hospital continues to care as well with the changing seasons.

Last summer, the Division of Mental Health and Addiction embarked on transforming the mental health system. For Richmond State Hospital, the direction was given to focus care on 2 populations—persons with severe mental illness and those with co-occurring substance abuse and mental illness. Towards that end (and we're almost there as I write this) we will not be providing residential services for people with substance abuse problems after May 20<sup>th</sup>. In addition, we've been responsive to the needs of others and have welcomed people who were being served at Logansport and worked with the Bureau of Developmental Disabilities Services to place 17 persons in the community who have developmental needs. Our target total

population number is 211. And I appreciate and deeply respect everyone for moving through these changes. Change is never easy.

For the people and the families we serve, there have been changes in units as we moved to consolidate most of the care in the CTC/RTC complex on the west side of our campus. We've moved whole units in a day and kept everyone in active programming throughout the transitions and tried to accommodate everyone's needs and preferences. The cleaning and moving skills of everyone were absolutely phenomenal. We are keeping the transition houses as the least restrictive setting so that the persons we can serve can hone and rediscover or develop community living skills. All these changes happened because of the able leadership of our superintendent, Jeff Butler.

Richmond State Hospital staff have been overwhelmingly gracious as they have been reassigned and work in areas that they may be not so familiar. Many have changed shifts or hours. They have moved offices, taken on new tasks under a



**Judy A. Cole  
Ph.D., R.N.,  
Clinical Director**

new management configuration based on patient care coordinators and a nurse manager for every unit, and still focus on care and community readiness. And we're continuing to embrace changes in classes and the active treatment mall with boosting the focus on co-occurring disorders.

Wow.

What we've done in less than a year is staggering to contemplate and in a flurry of details, I raise above the details and marvel at the scenery of care we're creating and embracing. Like the cherry tree outside my window, care continues with new growth and the seeds sprout new trees next year.

## FAMILY CONSUMER SATISFACTION SURVEYS 2010

Dr. Judy A. Cole, Ph.D., R.N.  
Clinical Director

Partnering with consumers and families is part of Richmond State Hospital's Vision of care. Based on our 2009 Family Satisfaction Survey, Richmond State Hospital identified 2 items of concern for families: the need for useful information about diagnosis and treatment and how to cope with my relative/friend's psychological problems. To improve our scores on these 2 areas, social workers were asked to consider the report and in response they changed their schedules to be available, across the hospital, on Saturdays and work late one evening a week. Those changes were put into place in the summer of 2010.

And the scores are virtually unchanged. 15 of the 17 items continue with satisfactory scores. Families report visiting hours are fine, units are clean, staff are respectful, the medications are helpful, visiting goes well and families would recommend our services to others.

But we'd hope for changes in the 2 items that are of utmost concern to families—what can I do to cope and the need to know more about the diagnosis. Clearly we need to do better. These 2 items are critical for the empathy and the support that families give to persons with mental illnesses and substance abuse problems.

In the fall of 2010, we had a social work student that became dedicated to following up with persons after they were placed in the hospital as part of a class

function and that is now being assumed by the social work department as a whole. So, after discharge, expect a call after discharge to see how things are going.

But we're left pondering how to better address families' needs for information and coping strategies.

The National Alliance for the Mentally Ill (NAMI) has an entire course on how to cope and maneuver through the mental health system. Mental Health America also is a rich resource for assistance. The number of groups available is beyond the scope of this column. My favorites are found in the self-help section of book stores which are absolutely chocked full of how-to tips. The internet is also a wealth of information as well as peer support organizations but I'm wary of the quality of information on some sites. But who knows your loved one?

The people who provide care, they know. That's who I want to talk with when I have questions about care for my family members.

The comments for improvement that we have taken to heart include

- not informed on a regular basis;
- medical treatment not very prompt,
- patients should have more activities in the evenings; less sitting around time
- more 1:1 therapy
- staff sometimes put things off too long

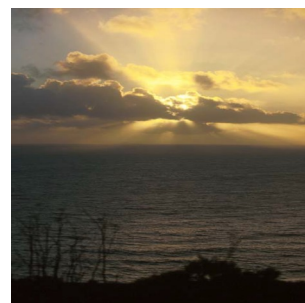
- biggest concern is staff treatment of clients medication might be too much; progress is slow

With our active treatment classes we are making changes in scheduling so that more activities happen in the evening. For therapy, the goal is 6 hours of classes a day. And we continue to work on respect as a core behavior for all.

While our statistics show 2 items need work, the comments by families capture the heart and soul of why staff work in mental health. And for this sampling of gems, I thank you.

- \* I appreciate all the staff; program has been very helpful to my son
- \* Very pleased and impressed with my son's progress
- \* It's helpful to know the patient's diagnosis
- \* Thankful that [---] is getting help.

At the end of those really long days the light still shines bright with hope and caring.



## LISTENING TO THOSE WE SERVE....THE INPATIENT CONSUMER SURVEY 2010

By Dr. Judy Cole, Ph.D., R.N., Clinical Director

The best indicator of care throughout the health care industry is customer satisfaction. While it may be hard to think of those we serve as customers, they do have a direct view into the process of care and treatment. Given that most individuals come to Richmond State Hospital under a court commitment (and often in handcuffs), the start of a therapeutic rela-

tionship is often rocky to say the least. But something obviously happens (165 people answered our survey over the year). We asked people to rate our performance on 28 questions ranging from "I am better able to deal with crises" to "If I had a choice of hospitals, I would still choose this one." Throughout the survey, there is not one item

that fell below the midpoint—they stayed remarkably in agreement about having choices, how helpful various disciplines or people to recovery, their participation in discharge planning and the overall positive atmosphere at the hospital.

While the numbers are great, the comments are the more telling as they tend to be direct and

poignant. There were only a few comments about problems, but the overwhelming majority thanked the staff for their patience, care and support while they learned to change. But none more powerful than **"Thank you for another chance at life."**

There is really nothing more to say is there?

## VOLUNTEER OPPORTUNITIES

There are many opportunities for volunteers at Richmond State Hospital. If you are interested in volunteering in one of the following areas, please call us at 765-935-9217.

- |                                    |                              |                                     |
|------------------------------------|------------------------------|-------------------------------------|
| * Art Murals                       | * Bicycle Repair             | * Donation of DVD                   |
| * History of Hospital              | * Library Services           | and CD players                      |
| * Pond Development                 | * Pastoral Care              | * Donation of Exercise and Aerobics |
| * Patient Interactions/ Activities | * Donation of Birthday Cakes | VHS or DVD tapes                    |



***Patients enjoy fishing at the Lazy Haven Pond on the grounds of Richmond State Hospital.***

## PICNICS

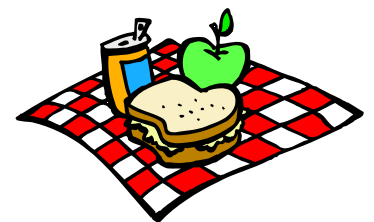
Patients look forward to visiting their home counties and seeing family and friends at picnics every summer.

This summer picnics will be provided by Mental Health America of Blackford

County at Hartford City, IN; Mental Health America of Randolph County at Lynn, IN; East Lynn Christian Church of Anderson; East Central Indiana NAMI.

We really appreciate everything done dur-

ing the picnics for patients and staff. If your group or organization are interested in sponsoring a picnic for our patients, please contact Richmond State Hospital, Community Relations, 765-935-9350.





## NAMI EAST CENTRAL INDIANA

NAMI East Central Indiana is located on the grounds of Richmond State Hospital in the original farmhouse. Patients may stop in and visit or read from the many books and pamphlets on depression, bipolar, schizophrenia, and more. Kim Lairson is the president of NAMI East Central Indiana. The NAMI house is open Mondays, Wednesdays, and Fridays from 10 a.m. to 2 p.m.

Betty Mark, member of the local NAMI, was instrumental in getting the CIT training in Wayne County, as well as several other Indiana counties. CIT is a 40 hour training program for local public safety personnel in rec-

ognizing, handling, and de-escalation techniques dealing with mental health consumers. CIT recertification is yearly.

NAMI East Central Support group meetings are on the first Tuesday of each month in the CTC Training Center at Richmond State Hospital. Each meeting features a special speaker. Patients from the hospital are invited to these meetings as well as family members and the East Central Indiana community.

Starting in March and running for 12 weeks, the NAMI East Central has been offering a Family to Family Mental Illness Education work-

shop on Thursday evenings. This course provides educational support to family members with persons diagnosed with serious mental illness.

Lisa Blansett, Recovery Specialist at the hospital, has taken on the position of Advocacy on the NAMI board. Lisa is trying to fill the shoes of Betty Mark, the previous person in this position. Lisa says she will try her best to live up to efforts and dedication of Betty.

For more information you may call NAMI at 765-966-4094 or Richmond State Hospital at 765-935-9405, Lisa Blansett's number.



**NAMI East Central Indiana is located at 498 N.W. 18th Street, Richmond, Indiana**



## CAKES

The third Friday of every month is Cake Day. Volunteers donate cakes that are used for patients' birthday celebrations. Patients really enjoy the special recognition given for their birthday. We have cake donators that have been faithful

for many years. We certainly appreciate being remembered in this very special way each month.

If you, your church, club, or other group would be interested in donating cakes, please

give us a call at 765-935-9217. You may even donate money and have it ear-marked for birthday cakes. We will see that the money is used for these special occasions!



*Thank You*

## NURSING DEPARTMENT NEWS by Gretchen Gibbs

Our hospital is just emerging from a significant reorganization. We have restructured our patient care units to accommodate the patient populations that we serve and we now have a different management structure to provide leadership for the units. One of the significant changes as a result of this reorganization is that we now have Nurse Managers assigned to each of the patient care units. This means that a Nurse Manager is responsible for overseeing and coordinating the care, with other nursing supervisors and unit nurses, for about 30 patients. We hope this additional leadership, coupled with smaller nurse to patient ratios, will provide improvements in the nursing care of our patients, resulting in better patient outcomes.

Registered Nurses have the responsibility for planning and directing the nursing care for patients. Supervision and leadership are a necessary

and vital part of being a nurse, because much of the direct patient care in our hospital is provided by trained, unlicensed employees of the Nursing Department under the supervision of a licensed nurse. In an effort to provide additional leadership and supervision skills to the nurses, a "Leadership Initiative" in the nursing department has been launched. This initiative is a 3-pronged approach to building leadership skills.

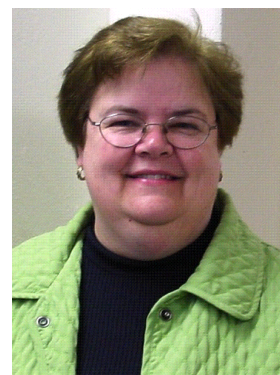
The first facet of the leadership project involves leadership and supervision workshops, facilitated by the Director of Nursing, that are 2-3 hours in length and occur every 2-3 months. The workshops are comprised of 5-10 RNs and Nurse Supervisors who are provided information about leadership skills, challenges and solutions and are involved in small group discussions and role-play to practice the skills learned. The second

facet of the leadership project is monthly supervision meetings. All nurses who supervise one or more employees are expected to have regular meetings with them at least once per month. Various topics for discussion with the employees are suggested as regular agenda items for these meetings, but the basic goal is to have the supervisor and employee engage in dialogue about anything of concern to either the employee or the supervisor, and to monitor employee performance.

The third aspect of the leadership initiative is the round-table discussions organized by the nursing supervisors on all three shifts. Discussions in these meetings of 4-5 nurses can be generated by specific supervisory problems or challenges that the nurses bring themselves, or can be topics or "scenarios" that are presented to the group for discussion and possible role-play. The purpose of these

round-table discussions is to provide a forum for nurses to gain support and ideas from one another to improve and build leadership skills.

Through better supervision and leadership, nurses can not only help employees develop and grow, but also can improve the quality of patient care provided by those they supervise and help us fully attain the mission and vision of our hospital.



**Gretchen Gibbs, CFNP**  
**Director of Nursing**  
**Richmond State Hospital**